

The Connection

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Message from the Chairman Steve Yu-Liang Shen, M.D.

According to recently published data by the Federal Network, outcomes in the ESRD population in some geographic areas appear to be lower than expected. Therefore, one of the goals of the Commission is to work with the renal community to improve the overall URR, anemia and nutrition status of the ESRD patients in Maryland.

To achieve this objective, provision of comprehensive care for the pre-ESRD patient is necessary. Early intervention can delay the progression of kidney failure, minimize cardiovascular disease, and improve the outcomes for the ESRD patients.

The Commission endorses the nephrology community's efforts to work with other medical specialties

to ensure proper medical care for those patients with early renal insufficiency, and those who are presently undergoing treatment for ESRD.



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Commission Meetings

The Commission on
Kidney Disease meets at:

4201 Patterson Avenue
beginning at 2:00 P.M.

Scheduled meetings for
2002 are :

5/02/02 meeting @ 3 P.M.

7/25/02

10/24/02



Commission News

Commission on Kidney Disease (CKD) certification

Effective immediately the Commission is requesting newly opened facilities to send their requests and payment for CKD certification within 10 days of the Medicare certification. Only if these conditions are met, will certification become retroactive to the date of assignment of the provider number by Medicare.

Abusive Patient Regulation

The Commission COMAR 10.30.01.04 requires that facilities must have a policy and procedure for the verbally and/or physically abusive patient. This policy should be given to the patients within 30 days of admission to the facility and the patient must acknowledge his/her receipt of the facility policy. The Commission must be notified by the facility before discharging patients only if the separation/discharge is not mutually agreed upon between the patient and the facility. The Commission will rule on compliance with the Law.

Closing Facilities

Each facility that is considering closing should notify the CKD as soon as the decision to close a facility has been made. The center may not withdraw from the Program until all patients being treated

by the facility have been transferred to another facility or the patients' continuity of care has been assured to the satisfaction of the patient and the CKD.

Practice Issue

According to informational material distributed by Amgen, the manufacturer recommends that multiple entries should not be made into single dose vials, and that residual medication from two or more vials should not be pooled into a single vial.

Facilities Applying for Certification with the Commission

Presently the following facilities have asked for CKD certification:

IDF- Lions Manor
Bon Secours-Chesapeake
Good Samaritan-Cromwell
ARA-Adelphi

Facilities Closed

The following facilities have notified the Commission of their closing:

Gambro Rockville
FMC Takoma Park
Chesapeake Kidney Center-BelAir

Certified Nursing Assistants

Effective January 1, 2000, all individuals who routinely perform nursing tasks delegated by a RN or LPN in the state of



Maryland must be certified by the Maryland Board of Nursing (MBON) as a Certified Nursing Assistant (CNA). All nursing assistants and patient care technicians must be certified as a CNA, in order to work.

A renal task force has been working with the MBON to develop CNA training guidelines as certification criteria for the Dialysis Technician who performs the Patient Care Technician's (PCT) role in the dialysis facilities. Currently, facilities with approved training programs are eligible to request certification for their PCTs as CNAs, through the "grandfathering in" process. As of July 1, 2002, the MBON will require that the facilities' training programs conform to the guidelines for training as approved by MBON and the Commission on Kidney Disease. In the near future, the training guidelines will be mailed to the dialysis facilities' Administrators. Subsequently, all facilities' training programs must conform to the approved training guidelines in order that the PCT's can become eligible for CNA certification by MBON.

The Kidney Disease Program of Maryland

The Kidney Disease Program of Maryland (KDP), created by the Maryland General Assembly, became law on July 1, 1971. The 100% State-funded Program, governed by regulations set forth under COMAR 10.20.01, is a last resort payer providing reimbursement for approved services required by KDP certified beneficiaries as a direct result of their end-stage renal disease (ESRD). Covered services include chronic maintenance in-center and home dialysis; renal transplantation; approved inpatient and/or outpatient hospital care; physician fees; laboratory tests; legend and OTC medications specified on the KDP Reimbursable Drug List; selected immunosuppressant drugs for the duration of a functioning renal transplant graft; pre-authorized home infusion therapy; pre-authorized selected oral nutritional supplements; pre-

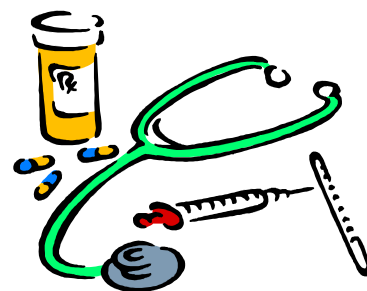
authorized selected basic dental care required for renal transplantation (prior to transplant); blood & blood products; one pair of eyeglasses; approved services prior to Medicare eligibility; and approved Medicare deductibles and co-pays.

Kidney Disease Program eligibility is extended to permanent Maryland residents who are (1) citizens of the United States or aliens lawfully admitted for permanent residence in Maryland, (2) diagnosed with ESRD, and (3) on home dialysis or receiving treatment in a certified dialysis or transplant facility. There is no income limit but beneficiaries may be assessed an annual participation fee based upon 5% of the amount by which family income and/or liquid assets exceed 175% and 200% respectively of the federal poverty guideline adjusted for family size. Annual recertification is required for

all KDP beneficiaries. Certified beneficiaries must continue to meet eligibility criteria and comply with Program requirements to maintain certification.

The Kidney Disease Program, with a staff of 13 and a FY 2002 reimbursement budget of \$8,646,978 currently serves over 2,000 ESRD beneficiaries ranging in age from preteen through 99 years.

Barbara Bradford, BSN, RN is the Chief of the KDP. She can be contacted at 410.767.5000.



Maryland Patient Advocacy Group

The Maryland Patient Advocacy Group (MPAG) is a group of volunteers that works tirelessly to assure Maryland's ESRD population access to care. MPAG operates voluntarily and without any public financial support, and **is not part of any State Government Agency**.

The MPAG has been involved in lobbying the Commission in updating and expanding the Kidney Disease Program's (KDP) Pharmacy Formulary, including the extension of coverage for transplant medications for the life of the

transplant. Additionally, effort was spent on behalf of many patients to accommodate their access to the KDP through the patient certification process. The group has also introduced legislation to support improved reliable transportation for dialysis patients.

The MPAG created the Guaranteed Available Prescriptions Program (GAPP) with Northern Pharmacy. This pharmacy would provide all patients who had already applied to KDP with all medications on the KDP Formulary. Medications can be delivered anywhere in Maryland with the

invoice submitted to KDP, once patient certification by the Program is approved. This arrangement does not commit the KDP to any retroactive or subsequent coverage or reimbursement for the medications supplied by Northern Pharmacy. For information contact Erica @ 410-254-2055 ext. 320.

A good Internet source for comparing medication prices is:

www.prescription-drug-price-comparison.com

MPAG's web site is <http://jmcpa56272.tripod.com/public/MDGuide.htm>



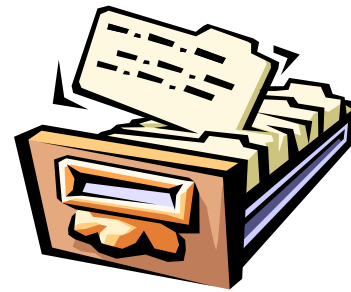
MARYLAND COMMISSION ON KIDNEY DISEASE

4201 Patterson Ave
Baltimore, MD 21215

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Address

Medicare Regulations
for ESRD facilities
are available from
Network 5
@ (804) 794-3757



Compliance Issues

Information gathered from facility surveys has identified deficient areas regarding compliance with Medicare regulations and Commission COMAR. The Commission has highlighted a few of these areas, and is therefore recommending the following:

The abusive patient policy may be included with the patient's rights/responsibilities statements. Patients should be given the facility's policy upon admission.

Incidents must be reviewed in the quality assurance program. There must be a space for the Medical Director to sign off on the incident forms. The Medical Director must sign off any incident involving patients.

In-Service Programs must have educational content. Infection control must be included annually. The facility must in-service staff on emergencies such as bomb threats, natural disaster, and snow emergency plans annually. The in-service form must include content.

Long Term Program/Care Plan must have patient involvement in the care plan process. Documentation of the invitation or patient involvement in the process must exist. The interdisciplinary team must meet to discuss the care plans and sign off on them together. Care plans must be initiated within 30 days of admission. STCPs must be updated at least every 6 months, LTCPs must be updated every 12 months. The Transplant Surgeon may designate a Transplant Designee (for signature purposes).

Patient's Rights/Responsibilities must include the Grievance Procedure and the addresses and phone numbers of the Federal Network 5, Maryland Commission on Kidney Disease and the Office of Health Care Quality. Patients must be given this information upon admission to the facility and documentation must exist that the patient has received the information.

Medical Records must be secured and must be complete. Dates, witness documentation and other forms must be part of the chart also.

Preventive Maintenance Program must follow the manufacture's recommended maintenance schedule for equipment.